



Arizona Game and Fish Department
5000 W Carefree Highway • Phoenix, AZ 85086
(602) 942-3000 • www.azgfd.gov

FOR DEPARTMENT USE ONLY

TRAN CODE _____

AZ NO. _____

Registrars Initials and Date _____

APPLICATION FOR ARIZONA WATERCRAFT CERTIFICATE OF NUMBER

- THIS SECTION TO BE COMPLETED BY ARIZONA RESIDENTS ONLY •

I certify that I am a resident of the state of Arizona per
A.R.S. § 5-301 (see back of form for definition).

Primary Owner's Signature Required

* WILL THE WATERCRAFT BE OPERATED MOST IN: **ARIZONA- YES NO / MEXICO- YES NO**

PRIMARY OPERATION

RP ___ Resident Pleasure
NP ___ Non-Resident Pleasure
LI ___ Rent/Livery
LE ___ Lease
CH ___ Charter Fishing
CO ___ Commercial Other
CF ___ Commercial Fishing
CP ___ Commercial Passenger
DL ___ Dealer/Manu Demo
GO ___ Government

BOAT TYPE

OM ___ Open Motorboat
AB ___ Air Boat
CM ___ Cabin Motorboat
HB ___ Houseboat
OT ___ Other
PB ___ Pontoon Boat
AS ___ Auxiliary Sail
IN ___ Inflatable
PW ___ Personal Watercraft

PROPULSION TYPE

AT ___ Air Thrust
PR ___ Propeller
WJ ___ Water Jet
OT ___ Other

Length			FT.			IN.	Manufacturer and Model:												
Year built or model year							Hull ID Number												

ENGINE DRIVE TYPE

IN ___ Inboard
OU ___ Outboard
PD ___ Pod Drive
SD ___ Stern Drive
OT ___ Other

HULL MATERIAL

WD ___ Wood
FI ___ Fiberglass
ST ___ Steel
RV ___ Rubber/Vinyl/Canvas
PL ___ Plastic
AL ___ Aluminum
OT ___ Other

FUEL

GA ___ Gasoline
DI ___ Diesel
EL ___ Electric
OT ___ Other

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JS CODE:

REGISTRATION FEE _____ NON-RESIDENT INFRASTRUCTURE FEE _____ TRANSFER FEE _____ TOTAL _____

PRIMARY OWNER'S NAME: LAST FIRST MI			DATE OF BIRTH (MO-DY-YR)		
MAILING ADDRESS: STREET/ PO BOX			CITY ST ZIP		
JOINT OWNERSHIP: IF WATERCRAFT IS OWNED BY MORE THAN ONE PERSON, SEE PAGE 2 BEFORE CIRCLING AND/OR AND OR					
CO-OWNER'S NAME: LAST FIRST MI			DATE OF BIRTH (MO-DY-YR)		
MAILING ADDRESS: STREET/ PO BOX			CITY ST ZIP		
PRIMARY OWNER'S PHONE:			CO-OWNER'S PHONE:		
PRIMARY OWNER'S EMAIL ADDRESS:			TAX PRIVILEGE LICENSE NO.		
			PREVIOUS WATERCRAFT #		BY STATE OF

I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION ON THIS FORM CONSTITUTES A CLASS 6 FELONY PURSUANT TO A.R.S. 13-2407 AND 2704.

SIGNATURE OF PRIMARY OWNER (REQUIRED)

DATE

SIGNATURE OF CO-OWNER (REQUIRED)

DATE



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JOINT OWNERSHIP DESIGNATION

Pursuant to R12-4-502 (B) (14), applicant for registration of a watercraft with more than one owner must be indicated by one of the following methods, and the Department shall record and transfer registrations as prescribed:

a. The use of "and/or" between the names of the individuals shall require the signatures of both parties if both are living. Upon legal proof of the death of either party, the Department shall transfer registration upon the signature of the living party.

b. The use of "and" between the names of individuals shall require the signatures of both parties. In the event of the death of either party the interest of the deceased party shall be handled through appropriate legal proceedings.

c. The use of "or" between the names of individuals shall express to the Department the intent that either of the owners signatures is sufficient for transfer.

RESIDENCY DEFINITIONS A.R.S. § 5-301

"Resident" means a person who is either:

1. A member of the armed forces of the United States on active duty and stationed in this state for a period of thirty days immediately before the date of application for a watercraft decal.
2. A member of the armed forces of the United States on active duty and stationed in another state or another country and who lists this state as that member's home of record at the time of an

application for a watercraft decal.

3. Domiciled in this state for at least six consecutive months immediately before the date of the application for a watercraft decal and who does not claim residency for any purpose in any other state or country.

"Domicile" means a person's true, fixed and permanent home and principal residence, proof of which may be demonstrated as prescribed by rules adopted by the commission.

TOWING COMPANY CERTIFICATION STATEMENT FOR TRANSFER OF OWNERSHIP

I hereby certify that as of the date of this application, the watercraft is in the possession of the towing company and no person has presented proof of ownership of interest on the watercraft and entered into an agreement for the release or return of the watercraft. I understand that any falsification of information on this form constitutes a Class 6 felony pursuant to A.R. S. § 13-2407 and § 13-2704

SIGNATURE OF AUTHORIZED TOWING COMPANY REPRESENTATIVE

CONTINUATION OF OWNERS

CO-OWNER'S NAME: LAST	FIRST	MI	Date of Birth (MO-DY-YR)			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY	STATE		ZIP	
SIGNATURE:						

CO-OWNER'S NAME: LAST	FIRST	MI	Date of Birth (MO-DY-YR)			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY	STATE		ZIP	
SIGNATURE:						

CO-OWNER'S NAME: LAST	FIRST	MI	Date of Birth (MO-DY-YR)			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY	STATE		ZIP	
SIGNATURE:						

CO-OWNER'S NAME: LAST	FIRST	MI	Date of Birth (MO-DY-YR)			
MAILING ADDRESS: STREET ADDRESS, PO BOX OR BOX NUMBER		CITY	STATE		ZIP	
SIGNATURE:						